

Arkansas Early Childhood Comprehensive Systems Initiative

Social-Emotional Health Work Group--

April 4, 2006 - 1:30 - 3:45 p.m.
Members Present: Sherrill Archer, Patti Bokony, Bruce Cohen, Deborah Gangluff, Lynn Lincoln, Richard Nugent, Martha Reeder, Dan Sullivan, Ratha Tracy, and Paula C. Watson.
Regrets: Jo Ann Bolick, Laura Butler, Richard Hill, Carol Lee, Ann Patterson, and Kathy Stegall,
Patti Bokony called the meeting to order.
Agenda Item #1: Developmental Screening - Patti Bokony
<p>Discussion: Martha Reeder updated the work group on the status of the Quality Rating Scale. She indicated that the QRS Sub-group is now working on (fleshing out) the "parking lot" issues. These are the incomplete topics and ideas that were postponed for further consideration until a later date, under such components as staff qualifications, handbooks for staff and parents, and professional development.</p> <p>Some of the postponed issues will be reflected in the performance measures or the parent and staff handbooks or the tool kit. As the sub-group looked at developmental screening, they decided to incorporate it under Level 3, Learning Environment Performance Measure as follows:</p> <p>? Portfolio for each child (0-5) to include Developmental Screening - basic, simple and age-appropriate.</p> <p>The QRS Sub-group would like the Social-Emotional Health Work Group to further define the developmental screening component before the next meeting of the QRS Sub-Group on April 12. Also, Patti Bokony will be presenting the decisions to the QRS group at the meeting.</p> <p>Patti Bokony led the group in reviewing the handout that she prepared.</p> <ul style="list-style-type: none">? Document on Developmental Screening Tools that provides information on the Developmental and Behavioral Screening List from the American Academy of Pediatrics.? Paragraph (blurb) on Screening that will be inserted in the parent handbook.? Pediatric Symptom Checklist (PSC) with Procedures and Scoring criteria and Explanation sheet? Ages and Stages (ASQ) Information Summary - 4-Month? ASQ: Developmental and Social-Emotional Screening Explanation sheet <p>In the tool kit, there will be examples of free age-appropriate 3-5 and 4-6 screens that would not be required, but the child care programs would have a choice of using these or other screenings.</p>

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<p>Agenda Item #1, Continued: Developmental Screening - Patti Bokony</p> <p>Discussion: Zero to Three has an infant-toddler screening developed by Joanna Grymes. It is probably in the public domain and does not cost anything to use. Ages and Stages have a screening tool, but there would be a cost to he providers. This may pose a problem for child care providers.</p> <p>Sherrill Archer reported that there have been conversations between Paul Lazenby , staff at Special Education, and others related to the Division contracting for the Early Screening Inventory - Revised (ESI-R) by Pearson Early Learning that hooks into the Work Sampling system. There is an on-line application that ties back to Arkansas Frameworks.</p> <p>ESI-R is a concise developmental screening instrument that is individually administered to children ages three to six. The ESI-R online system manages screening data and produces individual and classroom reports instantly. The infant/toddler piece is called The Ounce Scale. It is the first observational assessment for infants and toddlers designed for use by child care providers.</p> <p>The Division has investigated preliminary costs. ABC programs are already using Work Sampling. As it stands now, Centers would have to buy the license to use, but Paul Lazenby says it would be worth looking into for it to be available without charge for all programs participating in the quality initiative in Arkansas.</p> <p>Sherrill stated that Pearson has already mapped it to the early learning guidelines. Pearson is very much into aligning it to each state's requirements. It will be the outcome assessment.</p> <p>Martha Reeder stated that the group working on financing QRS acknowledges that there are some advantages to having some standardized tests available. There is a possibility that Arkansas may buy into it. Providers want to be able to make choices, but if at least one developmental screening tool was available without costs, it would be much more attractive.</p> <p>Sherrill added that as training is offered, providers could be trained to use tools more effectively. Work Sampling goes across all learning domains. ABC has over 700 classrooms and if the ESI-R is chosen, a large chunk of providers have been included already. (Note: <i>As of this date, a final decision has not been made.</i>)</p> <p>It was decided that this should be added to the list of developmental screenings. Martha Reeder suggested that for the QRS meeting, we need to only take a few screenings with a page of explanation on how it is going to be used. Developmental screening tools can be placed in the toolkit, with tools for infant/toddler, 3-5, and 4-6.</p> <p>Patti reported that the Pediatric Symptom Checklist also has a picture version for people who do not read well, and it is also available in orean and Spanish. The screening for each child should be administered annually, as recommended by the American Academy of Pediatrics.</p>

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<p>Agenda Item #1, Continued: Developmental Screening – Patti Bokony</p> <p>Discussion: Recommendations are needed for a basic screening tool as a beginning for a comprehensive piece, sorted by an age-appropriate. All will go into the toolkit. There can be an example of two. There also can be one for general development and one for behavior. But, programs will not be expected to do more than one annually.</p> <p>Other comments included:</p> <ul style="list-style-type: none">? If you know the child has a delay, you need to get the child referred even before the developmental screening. As soon as you notice it, a child should be referred.? We want to reduce the stigma about screening children and the explanatory paragraph does that.? We need to do standardized screening on all children. This needs to be underscored in the information that is shared.? Parents tend to over-identify. Providers may not see the same things in the classroom. ou should discuss this with the parents. If parent reports are different, then you know it is facility or staff based.? Parents do a better job of identifying more problems than teachers. Studies show that the parent information is reliable.? The value of having parents screening is getting the parents onboard.? We need to get the parents onboard and make them realize that we are working on this together.? We need to look at the parents as the experts.? The goal is to teach parents everything that you can.? When parents are worried about how to put food on the table, behavior does not seem important.? A team should be formed between the parent and the child care provider.? We have to have training on developmental screening it needs to be part of the training piece.? When requiring screening at Level 2, something simple and self-contained needs to be provided.? We should avoid referring to "levels" in whatever is written.? There is a need to limit the choices there should not be more than five for each age level. <p>The group recommended that in Level 4, track or monitor the number of screening referrals and services received. At Level 5, already have, "track outcome of referrals resulting from developmental screenings."</p> <p>Ratha Tracy informed the work group that child care centers are already mandated by federal law to refer children with suspected developmental delays and to comply with any identified plan of care for the children. There is a need for this federal law information to become part of the director's training when they sign the letter of intent.</p> <p>Martha Reeder indicated that the toolkit will also be a place for some of that information. The toolkit will be contracted out. Whoever does the contract will be going to specific people for information. The RFP is going to be developed and some of the requirements need to be included.</p>

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Agenda Item #2: Logic Model - Goals

Discussion: Martha Reeder informed the work group that there is some other work which needs to be done quickly. The group has been very focused on QRS during the last six or seven months and we now need to re-focus on other goals of the work group. The Logic Model with the listed goals was included with the handouts. She also collected pieces from all the other state plans that have been filed already and included the information with the handouts.

Martha reminded the group that not everything in the other state plans will apply to Arkansas or relate to the Social-Emotional Health Work Group., but some items may have a bearing on what we plan to do. For instance, an area like Parent Education does not specifically relate to this area of concern, but there may be pieces connected to Social-Emotional Health.

Martha suggested that each person review the other state plans with a highlighter, and, if you see something that rings a bell with you, highlight it. She suggested also that each member go back to the goals on the Logic Model and refresh your mind.

The next time this group meets in May, Martha hopes to have a framework to plug-in recommendation. In the implementation grant, which is due in June, each Work Group has to have a portion of the plan. One of the states combined the Parent Education and Family Support groups, and their plan was denied on that basis. The grant had to be re-written to separate the two groups.

Once we have a plan, what has to happen is every action step in the plan, if you name a specific action, must designate who is responsible for doing that and what the timeline is for the action. We need to project the next step.

Martha mentioned that Family Support was interested in establishing the Family Development Credential in Arkansas. Jean Harper and Brenda Fiser are already working this program at Ouachita Technical College. The FDC is designed to be used in a community based setting, to reach Head Start workers, family service workers, etc. In the State of New York, it is the credential that all family service workers must have. One of the benefits, when you have community based training, is that family service workers form partnerships when people go out and become employed in the community.

The credential must be offered through institutions of higher learning. The Family Development Training and Credentialing (FDC) Program was developed by the Cornell Empowering Families Project at Cornell University and adapted by the University of Missouri- Kansas City Family Studies Program. Utilizing a research-based, comprehensive curriculum in family support principles, workers/professionals complete 60 classroom hours of instruction, take a standardized exam, and participate in portfolio development. Family Support was considering an arrangement with the University of Missouri- Kansas City instead of starting a free-standing program. For more information, you can visit the website: <http://fslc-kc.org/fslc/devtraining.html>. They are doing a presentation at the CDA Academy this year.

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Agenda Item #2: Logic Model - Goals
<p>Discussion: Patti Bokony mentioned several concerns that the S-EH Work Group should think about that may not be listed in the Logic Model: Maternal Depression and Trauma from going to war in Afghanistan, Iraq or Iran. When parents go and return from war areas, there are a lot of problems with children. The family dynamics are changed. The impact of maternal depression is growing. Another issue, Substance abuse screening for children. She referred to the Garrets Law. If a mother or baby test positive for illegal drugs, there is automatic removal of the child from the home.</p> <p>Martha stated that she hopes some of the other state plans will trigger some of the thoughts about goals for implementation in the new plan. We are hoping the plan will show integrating services for birth to five.</p>
Agenda Item #3: Next Meeting Date and Adjournment
<p>Discussion: The next meeting date is Thursday, May 4, from 11:30 a.m. to 2 p.m. Members are asked to bring their own lunch.</p> <p>There being no further business, the meeting was adjourned.</p>
<p>RESULTING TASKS AND ASSIGNMENTS:</p> <ul style="list-style-type: none">? Patti Bokony to make Developmental Screening Recommendations to the QRS Sub-Group on April 12 at 9:30 a.m.? Martha Reeder to locate the Zero to Three information on infant-toddler screening? Patti Bokony to locate the PEDS information for the next meeting.? Paula Watson to send out the next meeting date information.? Each Work Group member is to review the Logic Model and study the state information for the various states to be able to make goal and action suggestions at the next meeting.